

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																											
1 Date of Request: <u>5/18/05</u>		2 Serial/Patent # <u>10-517,836</u>																																																									
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 40%;">Filing</td><td style="width: 10%; text-align: center;">1</td><td style="width: 15%; text-align: center;">12/15/04</td><td style="width: 25%; text-align: center;">\$ 100</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: center;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/15/04	\$ 100	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 20%; padding: 5px;">5 DATE FILED</td> <td style="width: 20%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">12/15/04</td> <td style="text-align: center;">\$ 100</td> </tr> </table>			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	1	12/15/04	\$ 100
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 40%;">Overpayment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: </td> <td style="width: 50%; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 02--2448 </div> </td> </tr> </table>		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #:	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 02--2448 </div>																																																
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***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																																											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: